



OVERVIEW

Kids Academy will offer a safe and welcoming environment for children whose families are using the virtual learning option of Las Cruces Public Schools VLA program for grades K–5. Parents/guardians manage their child’s curricular selection and Kids Academy staff offer support and oversight during the day to get lessons completed. In addition, students are offered activities and physical education such as S’Cool Moves, swimming, gymnastics, dance, and ninja zone. Breakfast, lunch, and snacks are offered free of charge to all children.

DATES AND TIMES:

FALL SEMESTER: Classes begin Monday, August 17, 2020 and end December 18, 2020.

SPRING SEMESTER: Classes begin Thursday, January 7, 2021 and end May 26, 2021.

PROGRAM TIMES: Monday through Friday – 8:00 am to 3:00 pm

STAGGERED DROP-OFF

Group 1 - 7:30-7:40 am

Group 2 - 7:40-7:50 am

Group 3 - 7:50-8:00 am

EXTENDED CARE - 3:00-5:30 pm (\$100 per month additional fee)

REQUIREMENTS:

1. Children must be in Kindergarten through 5th grade this fall to be eligible to attend.
2. Each student is responsible for bringing their own fully charged digital device (with headphones) for online work and homework.
3. Families and students must adhere to Health Policies and Handbook guidelines. (see below) Attach

LEARNING PODS:

Downstairs: 2 pods of 10 children with two teachers - 10:1 ratio

Upstairs: 2 pods of 9 children with 2 teachers - 9:1 ratio

FEE STRUCTURE:

Monthly: \$799/month plus tax. No part-time available

Siblings: 1st child is full fare; 2nd and 3rd child will receive 15% discount

\$100 Non-refundable Deposit required to hold spot (applied to first month’s tuition)

LCPS Teacher Discount: \$50/month discount for teachers from LCPS (proof required)

Payment for August is due by Thursday (Aug 13th) before school starts on August 17th

Subsequent Payments will be auto-debited on the 25th of the month for the next month. Payment can be broken into bi-monthly if approved by the office (½ on 25th & ½ on the 10th).

August will be prorated 50%; December will be prorated 25%

This box is to be filled out by Gym Magic Staff:

Date Received: ____/____/____ **Initials:** _____

Email: _____

Grade: _____

School: _____

Cell Phone: _____

Title 1 School: Yes No

Income Eligible: _____

HEALTH INFORMATION

We are quite serious about following all the guidelines to keep our students and staff as safe as we possibly can during this pandemic. This means we have a number of expectations that our staff and students must adhere to. If after reading the guidelines below you doubt whether your family can follow these requirements, it would be best to not apply as safety must be our overriding concern.

1. Students will be required to wear a mask and/or face shield while in the building except for eating, drinking and swimming until state guidelines change. An official medical excuse will be required from your child's pediatrician if your child cannot wear a mask.
2. Touchless temperatures will be taken each morning. Anyone over 99.4 degrees will not be allowed to attend class.
3. Each Monday morning our written questionnaire must be completed. Any "yes" to a question will exclude the student from attending that day. (For your reference, the questionnaire is below.)
4. The questionnaire limits out of town travels with few exceptions. Can your family follow this?
5. Entering and exiting the building will be staggered to prevent crowding. Students assigned to our downstairs classroom will enter and exit through the wooden gate entrance to Ashley's Garden playground. Students assigned to our upstairs classroom will enter and exit through the main entrance. Times will be staggered.

GENERAL INFORMATION

1. Swim lessons will be provided once per week (tentatively on Wednesdays). Students must bring a towel and swimsuit in their backpack and a suitable bag afterwards for their wet suit. A swim cap will be provided to all students. Bring swim goggles if your student prefers goggles.
2. Students should wear comfortable clothing each day that allows free movement plus a pair of shoes to be worn only at Gym Magic. These shoes will be kept in cubbies overnight and students will change into this pair each day. While in the main gym, students will remove socks and shoes before entering the gym.
3. Students will be asked to maintain a 6 ft distance from their classmates and teacher.
4. Students will have a structured class time each day for their virtual learning program and additional time to work on homework.
5. Our teachers will facilitate online instruction and monitor homework, but each student is ultimately responsible for their participation and their education.
6. Students must supply their own learning materials (see LCPS's list online).

PARENT INFORMATION

Parent/Guardian(s) Name _____
Last Name First Name

Email: _____ **Ph. #** _____

Place of Residence:

Street Address City State Zip Code

CHILD'S INFORMATION

Child's Name: _____
Last Name First Name Middle Initial

Gender: Male Female **Date of Birth:** ___/___/___ **Is your child fluent in English** Yes No

Language spoken at Home: _____

Ethnicity: Hispanic Caucasian Asian Black American Indian Middle Eastern

Physician Name _____ **Ph. #** _____
Last Name First Name

Dentist Name _____ **Ph. #** _____
Last Name First Name

Grade Level: Kinder 1st 2nd 3rd 4th 5th

School Attending: _____

E-Learning Platform: VLA-LCPS Homeschool

PERSONAL INFORMATION

List any other therapy child is receiving: _____

List health problems: _____

List physical limitations: _____

List allergies (Including food): _____

List regular medications (prescribed and over-the-counter): _____

Please list anyone authorized to pick up your child from Gym Magic (ID required)

Authorized Pick-Up Name _____ **Ph. #** _____
Last Name First Name

Authorized Pick-Up Name _____ **Ph. #** _____
Last Name First Name

Please list anyone NOT authorized to pick up your child; Name & phone number

Not Authorized Pick-Up Name _____
Last Name First Name

Not Authorized Pick-Up Name _____
Last Name First Name

ACKNOWLEDGEMENT

Please acknowledge: Initial Payment is due on Thursday, August 13th, prior to the first day of school. We require a credit card on file. Subsequent monthly payments will be auto-debited on the 25th of the upcoming month. If you want to pay by cash or check, payment is due on the 20th of the upcoming month. If payment is not received, we will bill the card on file on the 25th. Monthly payments can be split into two payments if arrangements are made and accepted through the office (½ on the 25th & ½ on the 10th). A late fee of \$40 will be charged on the first of the month if payment has not been received.

Yes, I understand.

There is a \$100 non-refundable deposit for Kids Academy. Someone from our team will reach out to you to get your billing information once a spot is confirmed for your child. Spots will be held once billing information is collected and deposit is paid.

Yes, I understand.

Withdrawal from the program requires a 30-day written notice prior to their last day.

Yes, I understand.

Signature of parent or guardian: _____

Date: _____

*After completing this application in its entirety, email to Support@gymmagic.com
and/or deliver it in person at Gym Magic Kids (2341 Entrada Del Sol)*



**Child and Adult Care Food Program
LETTER TO HOUSEHOLDS**

Name of Facility / Center / Site: Gym Magic, Inc/PreK, Early PreK, Mixed Ages/The Village/Ashley's Garden	Facility / Center / Site EPICS ID #: 1532420	Phone Number (575) 523 / 1616
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Instructions: This letter must accompany the Income Eligibility Application.

Dear Parent / Guardian or CACFP Participant:

Gym Magic, Inc/PreK, Early PreK, Mixed Ages/The Village/Ashley's Garden Name of Facility / Center / Site Participates in the Child and Adult Care Food Program (CACFP) administered by the United States

Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meal free of charge, but the determination of eligibility category affects the amount of federal funding we receive.

Foster Children: A foster child enrolled in our program that is the legal responsibility of a welfare agency, or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

SNAP - Supplemental Nutrition Assistance Program (formerly the Food Stamp Program): If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need only to list the case number sign and date the form.

If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an Adult Daycare Center then you need only to list their case number sign and date the form. Otherwise, an adult household member must complete the form and disclose total current household income by source, and the names of all household members. The person completing the form must sign, provide a social security number, and date when completed.

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income, or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

INCOME ELIGIBILITY GUIDELINES - (EFFECTIVE FROM JULY 1, 2020 TO JUNE 30, 2021)

HOUSEHOLD SIZE	FREE			REDUCED		
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK
1	16,588	1,383	319	23,606	1,968	454
2	22,412	1,868	431	31,894	2,658	614
3	28,236	2,353	543	40,182	3,349	773
4	34,060	2,839	655	48,470	4,040	933
5	39,884	3,324	767	56,758	4,730	1,092
6	45,708	3,809	879	65,046	5,421	1,251
7	51,532	4,295	991	73,334	6,112	1,411
8	57,356	4,780	1,103	81,622	6,802	1,570
FOR EACH ADDITIONAL FAMILY MEMBER:						
	5,824	486	112	8,288	691	160

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Gym Magic, Inc/Sandra Graham

Name of Sponsor / Center Representative

8/15/20

Signature of Sponsor / Center Representative

Date



**Child and Adult Care Food Program
INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM**

Name of Facility / Center / Site: Gym Magic, Inc/PreK, Early PreK, Mixed Ages/The Village/Ashley's Garden	Facility / Center / Site EPICS ID #: 1532420	Phone Number: (575) 523 / 1616
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PARTICIPANT INFORMATION:

List name of all enrolled participants that you are applying for which are in care.

List each enrolled participant's date of birth.

If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.

Child Care Centers: If the participant enrolled is in a Child Care Center and receives benefits through Supplemental Nutrition Assistance (SNAP), (*formerly food stamps or Food Distribution Program on Indian Reservation (FDPIR)*), please indicate the appropriate **case number** in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

Adult Day Care Centers: If the participant enrolled is in an Adult Daycare Center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate **case number** in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (Household and Income information).

HOUSEHOLD AND INCOME INFORMATION

Not required to be completed if case# is provided above.

List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).

Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application.

Reported income needs to be reported on the same. The income reported on the application must include all income before taxes and before other deductions.

A foster child, defined as a ward of the court or welfare agency. Only the foster child's "personal use" income is listed.

Personal use income includes:

- Funds that are specified by the welfare agency as being for the personal use of the child. (If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income.)
- Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

The adult family member completing the application must sign and date the application.

If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.

If you do not have a social security number, check the "box" provided. Otherwise, failure to provide the social security number (if you have one) will make the Income Eligibility Application invalid and will reduce the level of CACFP reimbursement your family's Child Care Center receives for meals served to the children and/or adult participants enrolled for care in their center.



Child and Adult Care Food Program INCOME ELIGIBILITY APPLICATION

Name of Facility / Center / Site: Gym Magic, Inc/PreK, Early PreK, Mixed Ages/The Village/Ashley's Garden
Facility / Center / Site EPICS ID #: 1532420
Phone Number: (575) 523 1616

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Instructions: Complete this form and return to the Center's Office

(Check if applicable for Enrolled Participant)

ENROLLED PARTICIPANT INFORMATION: First, Last, DOB, Child Care Centers, Adult Daycare Centers, Case #: Includes checkboxes for Foster Child, SNAP, FDPIR, SSI, MED.

If Enrolled Participant is a Foster Child: Please list the amount of the child's "personal use" monthly income (if no personal income, record "0"):

HOUSEHOLD INFORMATION:

List the first and last name of each person living in the household, related or not (such as grandparents, other relatives, or friends who live in the household). Include yourself and all children over the age of 13 living with you.

Household member information table with columns for First, Last, First, Last.

Total Number in Household:

HOUSEHOLD INCOME: (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced-price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.

Income sources: Wages / Salary, Child Support, Social Security, Pension/Retirement, Unemployment, Other Income, Total Income.

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Family Member, Last Four Digits of Social Security Number*, Check if no SS#, Date

Privacy Act Statement:

This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires that, unless the participant's food stamp or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number.

FOR SPONSOR'S USE ONLY

Child Day Care Center, Adult Day Care Center, Approved Free, Approved Reduced, Paid

Signature of Facility / Center / Site Representative, Name of Facility / Center / Site Representative, Approving Date, Date Disenrolled

* Complete Social Security Number is not required for CACFP Participation, only the last four digits are required. NM FNB CACFP 05/2020